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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/762,990
		Filing Date	February 14, 2001
		First Named Inventor	Jean-Loup Bernard
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	3	Attorney Docket Number	15675P349

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div>return receipt postcard, declaration and power of attorney</div>
Remarks <div>The PTO did not receive the following listed item(s): <u>\$40 and Assignment</u></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN
Signature	
Date	4/15/01

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 4/6/01			
Typed or printed name	Lynda Shapiro		
Signature		Date	4/6/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



FEE TRANSMITTAL for FY 2001 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$) 170.00		Application Number	09/762,990
		Filing Date	02/14/01
		First Named Inventor	Jean-Loup Bernard, et al.
		Examiner Name	
		Group Art Unit	
		Attorney Docket Number	15675P349

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEE	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. FILING FEE			
Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) 101 710 201 355 Utility filing fee 106 320 206 160 Design filing fee 107 490 207 245 Plant filing fee 108 710 208 355 Reissue filing fee 114 150 214 75 Provisional filing fee		Fee Description Fee Paid 105 130 205 65 Surcharge - late filing fee or oath 127 50 227 25 Surcharge - late provisional filing fee or cover sheet 139 130 139 130 Non-English specification 147 2,520 147 2,520 For filing a request for ex parte reexamination 112 920 112 920 Requesting publication of SIR prior to Examiner action 113 1,840 113 1,840 Requesting publication of SIR after Examiner action 115 110 215 55 Extension for response within first month 116 390 216 195 Extension for response within second month 117 890 217 445 Extension for response within third month 118 1,390 218 695 Extension for response within fourth month 128 1,890 228 945 Extension for response within fifth month 119 310 219 155 Notice of Appeal 120 310 220 155 Filing a brief in support of an appeal 121 270 221 135 Request for oral hearing 138 1,510 138 1,510 Petition to institute a public use proceeding 140 110 240 55 Petition to revive - unavoidably 141 1,240 241 620 Petition to revive - unintentionally 142 1,240 242 620 Utility issue fee (or reissue) 143 440 243 220 Design issue fee 144 600 244 300 Plant issue fee 122 130 122 130 Petitions to the Commissioner 123 50 123 50 Petitions related to provisional applications 126 180 126 180 Submission of Information Disclosure Stmt 581 40 581 40 Recording each patent assignment per property (times number of properties) 146 710 246 355 Filing a submission after final rejection (37 CFR 1.129(a)) 149 710 249 355 For each additional invention to be examined (37 CFR 1.129(b)) 179 710 279 355 Request for Continued Examination (RCE) 169 900 169 900 Request for expedited examination of a design application Other fee (specify) _____	
SUBTOTAL (1) (\$) _____		SUBTOTAL (3) (\$) 170.00	
2. EXTRA CLAIM FEES			
Total Claims 20 - 20** = 0 X 18.00 = \$0.00 Independent Claims 1 - 3** = 0 X 80.00 = \$0.00 Multiple Dependent Claims 550 = _____			
Large Entity Small Entity 130.00 CP Fee Fee Fee Fee Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple Dependent claim 109 80 209 40 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 0.00			
*or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid	

SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Eric S. Hyman, Reg. No. 30,139	Reg. Number	
Signature		Deposit Account User ID	02-2666
	Date 4/5/01		

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